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BIBDATASHEET**CONFIRMATION NO. 7327**

Bib Data Sheet

SERIAL NUMBER 10/014,705	FILING DATE 12/11/2001 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 1133279-0014
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APPLICANTS

Scott J. Addonizio, Fort Lauderdale, FL;
David L. Camp JR., Hillsboro Beach, FL;
Gary J. Becker, Miami, FL; John D. Pazienza, Pompano Beach, FL;

**** CONTINUING DATA *******
 This application is a CIP of 09/511,481 02/23/2000, which is a DIV of 09/094,402
 which claims benefit of 60/254,688 12/11/2000
 and is a DIV of 09/094,402 06/10/1998 PAT 6,117,165
 (PCT/US01/48034)

**** FOREIGN APPLICATIONS *******
 EUROPEAN PATENT OFFICE (EPO) 97201799.0 06/13/1997
 EUROPEAN PATENT OFFICE (EPO) 98201446.6 05/06/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 12/31/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY FL	DRAWING 12	CLAIMS 42	CLAIMS 6
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
007470
WHITE & CASE LLP
PATENT DEPARTMENT
1155 AVENUE OF THE AMERICAS
NEW YORK, NY
10036

TITLE
Stent having helical elements

☐ All Fees



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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature <i>[Signature]</i> 8/11/03 Initials	STATE OR COUNTRY FL	SHEETS DRAWING 12	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 6
ADDRESS 007470				
TITLE Stent having helical elements				
FILING FEE RECEIVED 759	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	